

Application for Testing Accommodations

ATTACH THIS TO YOUR APPLICATION TO HOST TESTING

- The testing host is responsible for arranging accommodations.
- Submit completed applications to ma.certexam@gov.ab.ca.

Host Information					
Hoot Name:		Contact Name:			
Host Name:			Last	First	
Email:			Contact Number:_		
			<u> </u>		Written Exam
NFPA Standard and Level:			Date of Testing:		Skills Evaluation
			MM/L	DD/YYYY	
Candidate Requiring Accommodation	S Legal name only	— NO nicknam	es.		
Legal Name:					
Last	First			Middle	
Accommodations Required Check all that	at apply.				
·			Forton Times (4 F times		
Reader (complete information below)			Extra Time (1.5 time	es regular time)	
Scribe (complete information below)			Separate Room		
Documentation					
Official medical or educational assess	sment documentati	on is attached	d		
Scribe/Reader Information Refer to proct	or requirements.				
Legal Name:					
Last	First			Middle	
Shipping Address:		Business Na	me (optional):		
Town/City:	_ Province/Territory:		F	Postal Code:	
Email:			Contact Number:		
Office Use Only					
Approved by:					
Date:					

This collection of personal information is necessary to support the certification and accreditation programs of the Government of Alberta. The collection is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be managed in accordance with the privacy provisions in the Act. If you have questions regarding the collection of your personal information, please send your inquiry to the Government of Alberta, 16th Floor, Commerce Place, 10155 – 102nd Street, Edmonton, AB, T5J 4L4 or email ma.certexam@gov.ab.ca.